MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1										
2										
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50										
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										

	IND	DEP	IND	DEP	IND	DEP
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52						
53						
54						
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57	1					
58						
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61						
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68	1					
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95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	39					
TOTAL CLAIMS	42					